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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |            | Docket Number (Optional)<br>43314-230021    |            |
| Application Number      10/517,145-Conf. # 6834  |            | Filed      December 7, 2004                 |            |
| For    A CONTROL SYSTEM AND METHOD FOR CONTROLLING ONE OR SEVERAL MANIPULATORS   |            |   |            |
| Art Unit      3664   |            | Examiner      M. Jen                        |            |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |            |   |            |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |            |   |            |
|  | <u>Fee</u> | <u>Small Entity Fee</u>                     |            |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$130      | \$65  | \$ _____   |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$490      | \$245                                       | \$ _____   |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110     | \$555                                       | \$ 1110.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1730     | \$865                                       | \$ _____   |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2350     | \$1175                                      | \$ _____   |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |            |   |            |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.   |            |   |            |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |            |   |            |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |   |            |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number      22-0261      . I have enclosed a duplicate copy of this sheet. |            |   |            |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>  |            |   |            |
| I am the <input type="checkbox"/> applicant/inventor.  |            |   |            |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |            |   |            |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number      37,134   |            |   |            |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34      _____  |            |   |            |
| _____<br>/Eric J. Franklin/<br>Signature   |            | _____<br>July 13, 2009<br>Date              |            |
| _____<br>Eric J. Franklin<br>Typed or printed name   |            | _____<br>(202) 344-4936<br>Telephone Number |            |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                    |            |   |            |
| <input type="checkbox"/> Total of _____ forms are submitted.   |            |   |            |